

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

Mayors Against Illegal Guns Action Fund(b) Address (number and street) ☐ check if different than previously reported
909 Third Avenue

(c) City, State and ZIP Code

New York

NY

10022

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30000897**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
01 / 01 / 2011

through

M M M / D D D / Y Y Y Y Y Y
08 / 05 / 2012**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y
08 / 05 / 2012**(b) Communication Title** Demand A Plan**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☒**8. Custodian of Records**

(a) Name

Kathleen McInerney

(b) Address (number and street)

909 Third Avenue

(c) City, State and ZIP Code

New York

NY

10022

(d) Name of Employer or Principal Place of Business

Geller & Co.

(e) Occupation

Financial Advisor

9. Total Donations This Statement

3379260.87

10. Total Disbursements/Obligations This Statement

132986.55

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Arkadi Gerney

SIGNATURE

Arkadi Gerney

[Electronically Filed]

DATE

08/06/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.